

<p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	<p>Policy Number</p> <p style="text-align: center;">CPP 17.4</p> <p>Date Filed</p> <p style="text-align: center;">February 15, 2006</p>	<p>Total Pages</p> <p style="text-align: center;">2</p> <p>Effective Date</p> <p style="text-align: center;">June 2, 2006</p>
<p>Authority/References</p> <p>KRS 196.035, 197.020, 454.415</p>	<p>Subject</p> <p style="text-align: center;">ADMINISTRATIVE REMEDIES: SENTENCE CALCULATIONS</p>	

I. POLICY and PROCEDURE

A. REVIEW REQUEST

1. An inmate may request a review or explanation of the method of sentence calculation for the sentences on which he is presently committed to the Department.
2. An inmate confined in a Corrections institution shall direct his request to the Offender Information Services office at the institution where he is presently confined.
3. An inmate confined in a jail or local detention facility shall direct his request to the Jail Management section of the Offender Information Services Branch, P. O. Box 2400, Frankfort, Kentucky 40602.
4. The request shall be in writing and shall include:
 - a. the subject matter for which the review is requested,
 - b. a brief statement of the matter to be reviewed, and
 - c. an explanation of the inmate's belief concerning the appropriate calculation of his sentence.

B. RESPONSE

1. Upon receipt of the written request from the inmate, the applicable office, as noted in A above, shall review the inmate record prior to giving a written response.
2. The response shall include:
 - a. an explanation of the method of calculation, and

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b. any statutes applied in the calculation.

3. A written response shall be issued within fifteen (15) working days of the receipt of the inmate's request for review or explanation.

C. APPEAL

1. An inmate confined in a Corrections institution may appeal from the initial written review or explanation given to the Offender Information Services Branch, P.O. Box 2400, Frankfort, Kentucky 40602. The appeal shall be in writing and received within ten (10) days from the date the written response is given. The inmate shall attach a copy of his request for review and the written response with his appeal.
2. Upon receipt of the appeal, the Offender Information Services Branch shall review the request, the written response and the inmate record.
3. The response on appeal shall include:
 - a. the explanation of the method of calculation, and
 - b. any statutes applied in the calculation.
4. The response on appeal shall be issued within thirty (30) working days of the receipt of the inmate's request for review.

**DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REVIEW FORM
Sentence Calculations**

NAME OF INSTITUTION

INMATE NAME

INMATE NUMBER

UNIT OR HOUSING ASSIGNMENT

DATE FILED:

DATE DUE:

SUBJECT MATTER OF REVIEW REQUEST (Select)

Sentence Calculations

- ☐ 1. Sentence Length
- ☐ 2. Parole Eligibility Date
- ☐ 3. Expiration Date
- ☐ 4. Jail Credit
- ☐ 5. Parole Violator Credit
- ☐ 6. Credit for time served in
Federal Custody or in Another State
- ☐ 7. Statutory Good Time Loss
- ☐ 8. Statutory Good Time Credit
- ☐ 9. Meritorious Good Time
- ☐ 10. Educational Good Time
- ☐ 11. Detainer
- ☐ 12. Other

BRIEF STATEMENT OF THE PROBLEM:

[illegible]

DATE _____

DATE RECEIVED _____

[illegible]

DATE _____

I am _____ or am not _____ satisfied with this response.

You must send this form to the following address so that it is received in Frankfurt within ten (10) working days:

Department of Corrections
Offender Information Services Branch
P. O. Box 2400
Frankfort, KY 40602

DATE _____

Please complete this form and attach it to your appeal.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DATE _____